

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION**

**(SAMHSA)**

**Minutes of the**

**58th Meeting of the**

**SMHSA National Advisory Council**

**(NAC) August 28, 2015**

**SAMHSA Headquarters  
Rockville, Maryland**

**NAC Members Present:**

Travis Brockie  
Eric B. Broderick, D.D.S., M.P.H.  
Henry Chung, M.D. (via telephone)  
Kenneth J. Martínez, Psy.D.  
Charles Olson  
Elizabeth A. Pattullo, M.Ed.  
Cassandra L. Price, M.B.A., GCADC-II  
Christopher R. Wilkins, M.H.A.  
Harold Kudler, M.D. (ex officio, Department of Veterans Affairs)

**NAC Members Absent:**

Junius Gonzales, M.D., M.B.A.  
Megan Gregory  
V́ctor Joseph  
Gail Wiscarz Stuart, Ph.D., R.N., FAAN

**SAMHSA Leadership:**

Kana Enomoto, M.A., Acting Administrator  
Mike Etzinger, M.B.M., M.S., Acting Deputy Administrator Frances  
Harding, Director, Center for Substance Abuse Prevention  
RADM Peter J. Delany, Ph.D., LCSW-C, Director, Center for Behavioral Health Statistics and  
Quality  
Monica Feit, Ph.D., M.P.H., Acting Director, Office of Policy, Planning, and Innovation  
Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services  
Daryl W. Kade, M.A., Acting Director, Center for Substance Abuse Treatment  
Tom Coderre, Chief of Staff  
Larke Huang, Ph.D., Director, Office of Behavioral Health Equity  
CDR Carlos Castillo, M.S.W., Committee Management Officer and Designated Federal Official

**Presenters:**

Dr. Huang

J. Nadine Gracia, M.D., Deputy Assistant Secretary for Minority Health, HHS

**Call to Order**

CDR Castillo called the 58th meeting of the SAMHSA NAC to order at 9:00 a.m. (EST).

**Welcome, Introductions, and Consideration of Minutes from the April 2015 Meeting**

- Ms. Enomoto welcomed participants to the SAMHSA NAC meeting, and participants introduced themselves.
- NAC members approved the minutes of the SAMHSA NAC meeting of April 17, 2015.

**Reflections on the Joint NAC (JNAC)**

- Members offered their observations on topics discussed at the JNAC meeting on August 27, 2015:
  - Evidence. Participants discussed the tension among practice-based evidence, evidence-based practice, and other types of evidence, which they noted must be addressed in SAMHSA's grant-making process. They noted the need for the National Registry of Evidence-based Programs and Practices (NREPP) to inform users that evidence "to date" is presented and to acknowledge that lack of evidence does not mean lack of efficacy. Members emphasized the need for flexibility to accommodate the evolution of evidence over time, and also suggested that NREPP's Learning Center should be funded meaningfully. Participants cautioned that while NREPP can generate a revenue stream for developers, it poses cost concerns for implementers. Some members expressed support for NREPP's current structure and randomized controlled trials as the gold standard where it makes sense, and open label studies where there is a current lack of evidence. Dr. Huang asserted the need for all grant reviewers to understand SAMHSA's values.
  - Public health crisis response. Members observed that increasing SAMHSA's influence in crisis response depends on building relationships in regions and that crisis prevention hinges on understanding subpopulations' health and determining their needs.
  - Office of the Chief Medical Officer. NAC members observed that SAMHSA needs a strong medical presence to promote new initiatives. SAMHSA also needs the funding to move toward value-based research systems and to ensure that the communities with limited access to services have the resources for transformation.

## **SAMHSA's Disparity Impact Strategy**

*Presenter:* Dr. Huang

- Ms. Enomoto introduced a presentation on SAMHSA's new disparity impact strategy, stating that it represents a major system change in grant making at SAMHSA. Dr. Huang discussed the key drivers and developmental trajectory of the strategy, which facilitates a strategic focus on racial and ethnic populations involved in SAMHSA's activities. The strategy incorporates: (a) a measurement framework that considers service users' access, use, and outcomes; (b) a quality-improvement approach that helps grantees examine risk and other factors (using data disaggregated by subpopulations), as well as focus attention on HHS's Culturally and Linguistically Appropriate Services (CLAS) standards; and (c) operationalization of the strategy in SAMHSA's grant-making processes and procedures. Importantly, requests for applications require applicants to include in the statement of need, as well as in the performance and data sections of the applications, information on populations served, the rationale for serving them, and identification of high-risk populations. In addition, upon award, grantees must submit disparity impact statements.
- Dr. Huang stated that SAMHSA implemented this strategy in 2012 with four feasibility pilot programs. Positive results emerged quickly in identifying unserved and underserved populations, innovative outreach and engagement strategies, new collaborations, and new awareness of disproportionality, among other features. In 2014, SAMHSA expanded use of the strategy to virtually all of its grant programs. As a consequence, government project officers now work with grantees on disparity impact statements guided by guidance from a toolkit; technical assistance centers are proposing strategies to support grantees and project officers on the statement; and SAMHSA has observed increased attention to grantees' most vulnerable populations.
- Dr. Huang invited comment on changes necessary to move from addressing conditions of disparity to promoting behavioral health equity. Participants discussed the challenges involved in offering incentives (points) to grant applicants commensurate with the demonstrated need of the proposed target population, providing technical assistance on community-need assessment, sharing strategies developed to outreach to new collaborative partners, and determining the value of normalizing outcome measures for different populations. Dr. Martinez offered examples of the needs of previously hidden subpopulations revealed in the process of developing grantees' disparity impact statements. For example, though a Midwestern school with 5,000 students claimed to have no African-American or Latino students, an examination of school building data revealed 100 African-American students, half of whom were in out-of-school suspension; the needs of this group became the focus of the grantee's disparity impact statement. Center directors commented on the future expansion of the strategy, incentives for attention to most vulnerable populations, and the importance of performance monitoring, collaboration, continuous quality improvement, and collaboration among grants management and program staff.

**Moment of Opportunity: Reducing Health Disparities and Advancing Health Equity**

Presenter: Dr. Gracia

- Dr. Huang introduced Dr. Gracia, who spoke about health equity from HHS's perspective, noting that SAMHSA's disparity impact strategy represents one of the successes of the HHS Disparities Action Plan. Dr. Gracia chronicled the history of work on health disparities, beginning with the *1985 Report of the Secretary's Task Force on Black and Minority Health*-the Heckler report, the first comprehensive study of racial and ethnic minorities' health status. She then described the mission and the core functions of the HHS Office of Minority Health (OMH): raising awareness of health disparities; promoting data collection by race and ethnicity; promoting and engaging in partnerships and networks; setting policies and implementing programs and practices that impact on minority populations; and fostering research, funding demonstrations, and evaluating promising strategies to end disparities, promote equity, and disseminate practices.
- Dr. Gracia explained that, as strategic priorities, OMH supports development and implementation of the Affordable Care Act, leads HHS's Disparities Action Plan, and coordinates the National Partnership for Action to End Health Disparities. Secretarial priorities include assessing and heightening the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities, and OMH currently collaborates formally with SAMHSA on the Behavioral Health Disparity Assessment Project. Other goals include strengthening the nation's health and human services infrastructure and increasing workforce diversity, advancing scientific knowledge and innovation, and increasing the efficiency and accountability of HHS programs. Dr. Gracia shared detailed information on efforts, for example, to promote the National CLAS standards and to increase the availability and quality of data collected and reported on racial and ethnic minority populations. Under development, Dr. Gracia explained, are questions to be added to the National Health Interview Survey that indicate medical providers' cultural competence.
- Dr. Gracia closed her presentation by describing the My Brother's Keeper initiative, a highly collaborative, interdepartmental program launched in 2014 by President Obama to address persistent opportunity gaps for boys and young men of color. Dr. Gracia acknowledged SAMHSA's critical contributions to this program, operated in partnership with the Department of Justice, by which HHS brings the health perspective to criminal justice, juvenile justice, and violence prevention through a public health and behavioral health lens.

- During the discussion, Dr. Gracia responded to questions from NAC members: OMH will seek input from SAMHSA to guide future surveys of addiction programs related to CLAS standards, and trend data since publication of the Heckler Report show that disparities persist. Dr. Gracia noted the importance of cultural competence in working with veterans and military members, stating that military status is considered an element of culture in the CLAS standards. Dr. Kudler pointed out that awareness is limited about specific current procedural terminology codes that would facilitate reimbursement for services for these groups. Dr. Gracia stated that she will provide a HHS statement that outlines specific strategies for states and localities to use in addressing the issue of school suspension and expulsion.

### **NAC Discussion**

- NAC members commented on the August 2015 round of NAC meetings, in general appreciating the importance of the cutting-edge universal topics of discussion, themed format and flow, and in-depth conversations facilitated by small group sessions. In multilayered conversation, SAMHSA heard advice to invest in the NREPP Learning Center, attend to fidelity issues, and consider indigenous practices in a respectful way.
- Members discussed potential topics for future meetings, including behavioral health economics; the role and voice of families in healing, including family as caregiver, women's issues, and neonatal abstinence; federal policy; healthcare quality improvement; SAMHSA as a thought leader in conceptualizing mental health in the context of family, genes, and precision medicine; and changing social norms and measurement of negative attitudes.

### **Public Comment**

Dr. Huang responded to Ms. Jennie Trotter's inquiry that HHS and the Departments of Education and Justice operate programs to address early childhood behavioral health.

### **Closing Remarks**

Ms. Enomoto welcomed Dr. Kudler to the SAMHSA NAC.

### **Adjournment**

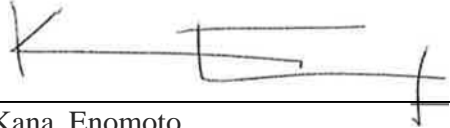
CDR Castillo adjourned the meeting at 12:30 p.m.

## Certification

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

NOV 20 2015

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Date

  
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Kana Enomoto  
Chair, SAMHSA NAC  
Acting Administrator, SAMHSA

Minutes will be formally considered by the SAMHSA NAC at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.